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	Under the Paperwood PATE	Reduction APP	FICA	95, no person TION FEE	s are required to n	espond ATI	U.S. Palent an 1 to a collection of DN RECORI	d Trademar Information	unless	H dis	nough 7/31/2 MTRAPED . Bloom a valid	. 8003) TN3 aMO	OMB 0651 OF COMM
1	Substitute for Form PTO-875 APPLICATION AS FILED - PART I									Application or Dockel Number			
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ſ	FOR		Column		(Column 2)		SMALL ENTITY		<u>.</u>	OR	OTHER TH SMALL ENT		(THAN ENTITY
r	BASIC FEE		MBER F	ILEO	NUMBER EXTRA	٩	RATE (\$)	FEE (EE (\$)				
	(37 CFR 1.18(a), (b), or (c)) SEARCH FEE (37 CFR 1.16(k), (i), or (m))							385			RATE	1)	FEE (
- 1 1	XAMINATION FEE 37 CFR 1.16(0), (p), or (q))					\dashv			_				
1.1	OTAL CLAIMS 17 CFR 1.16(1))					\dashv	1						
- 14	NDEPENDENT CLAIMS	}		us 20 = 1		_	× 9 =	ļ] (DR	Х	=	
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	(37 CFR 1.16(s)) (37 CFR 1.16(s)) (37 CFR 1.16(s)) (38 \$230 (\$ 125 for small enlity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).					e	115					- [
М	ULTIPLE DEPENDENT	-	100		_			1					
i	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(1))						145		_	-		7	
	If the difference in column 1 is less than zero, enter °C in column 2.						TOTAL	385	_	_	TOTAL	+	
ム	-17-06 APPLICA	TION AS	AMEN	DED - PAF	RT II							<u> </u>	
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되	A AME	FTER YDMENT	i	PREVIOUSL PAID FOR			1	ADDI- FЮNAL		R	ATE (\$) .		001
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(1))

If the entry in column 1 is less than the entry in column 2, write '0' in column 3

"If the 'Highest Number Previousty Paid For' IN THIS SPACE is less than 20, enter '20'.

The 'Highest Number Previousty Paid For' IN THIS SPACE is less than 3, enter '3'.

The 'Highest Number Previousty Paid For' (Total or Independent) Is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the including galliering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

TOTAL

ADD'L FEE

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